

Unannounced Day Care Setting Inspection Report 13 January 2017



Age NI Castlewellan

Type of service: Day Care Service
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Age NI, Castlewellan took place on 13 January 2017 from 10.00 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of two individual staff records, duty rotas, supervision and training records; observation of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The inspection of is care safe provided assurance the care and support was helping individuals to maintain independence, engage with each other in a social setting and take part in activities.

Overall the inspection of “is care safe” concluded the minimum standards inspected were broadly met. Five areas for improvement were identified regarding recording management cover on the rota, evidencing the recruitment checklist has been completed for new staff before they commence employment, improving the competency assessment for staff acting in the manager’s absence, improving management knowledge of their responsibility to report incidents to RQIA and recording of the fire drills in the day care setting.

Is care effective?

The inspection of service users individual care records, incident recording, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs. The inspection of three service user individual records did identify these records should be improved to ensure the most recent information is available for staff reference. However and in contrast, discussion with staff and observation provided assurance the care being delivered was responsive to current needs.

Overall the inspection of “is care effective” concluded four areas of improvement should be addressed to ensure the minimum standards inspected are met. They are: evidence should be stored in service users individual records that confirms they have been informed and agree to the increase in lunch costs; the speech and language therapist assessment and plan for one identified service user should be stored for staff reference on the identified file; a service user and their family’s preferences regarding type and consistency of foods to be served should be clearly recorded in the identified service user’s care plan; and one service users individual care plan must include the preventative actions to be implemented by staff following an incident.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect. They were encouraged by staff to be involved in their day care and staff were observed communicating with service users in an appropriate manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. Two areas for improvement were identified, they were: the service user meeting agenda and minutes should be improved to reflect if the previous meetings suggestions, requests and decisions had been acted upon and the outcomes recorded; and the annual survey report should include an action plan of how the information collected will be used to improve day care in the future.

Is the service well led?

The discussion with staff revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as complaints recording, evidence of staff support and supervision meetings were in place and aimed to promote quality improvement in the setting.

Overall the inspection of “Is the service well led?” identified two areas for improvement which should be attended to, to ensure the minimum standards inspected are fully met. These are to improve audits of practices in the setting and completion of the annual report.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	11

Details of the Quality Improvement Plan (QIP) within this report were discussed with Karen Graham, day care manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 August 2015.

2.0 Service details

Registered organisation/registered person: Age NI/Ms Linda Robinson	Registered manager: Mrs Karen Graham
Person in charge of the service at the time of inspection: Karen Graham	Date manager registered: 28 September 2010

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Age Northern Ireland
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in August 2015
- Unannounced care inspection report 19 August 2015 which revealed two requirements had been made and these were stated for a second time. Seven recommendations had been made of which three were stated for the second time.

During the inspection the inspector met with:

- The registered manager
- One day care worker
- Eight service users
- One relative and
- One volunteer driver.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. One questionnaire was returned by service users, two were returned by staff and none were returned by relatives.

The following records were examined during the inspection:

- Three service users' care files
- A sample of service users' daily records
- One complaint/issue of dissatisfaction recorded from 01 April 2015 to 13 January 2017
- The incidents and accidents records from August 2015 to January 2017
- The staff rota from June 2016 to January 2017
- Two individual staff files
- The minutes of three service user meetings (September to December 2016)
- Staff meetings held between September to December 2016
- Staff supervision dates for 2016
- Monthly monitoring reports from August to December 2016
- Staff training information for 2015 & 16
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 August 2015

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 August 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Ref: Regulation 16 Stated: Second time</p>	<p>The registered manager must ensure the service users individual records are current and updated regularly, specific attention must be given to:</p> <ul style="list-style-type: none"> • the frequency; planning for; delivery of; and recording of reviews which must be consistent with standard 15. The review process must review the assessment and care plan to ensure the care provided is meeting the needs that have been assessed. The review should also seek service user and representative’s views to ensure preferences, wishes and feelings are incorporated. Any revisions to the plan must be shared with the service users and or their representative. • a standard format for assessments, care plans and reviews must be used, which best serves the objectives of the work in supporting the service users and which is compliant with the minimum standards 4,5 & 15. • the overall approach to care planning and delivery of care must be improved to ensure care is current, relevant and responsive to need. • the care plan for each individual service user must be improved in regard to continence promotion and care. The plan should be informed by individual need and preferences. 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Inspector confirmed the review process and frequency, assessment format, care planning process and care plan had been improved as described above. Records inspected in this regard were available and up to date at the time of inspection.</p>	
<p>Requirement 2 Ref: Regulation 28 Stated: Second time</p>	<p>The responsible person must ensure the monitoring reports report on the conduct of the day care setting, and monitor improvement's identified since the last inspection.</p> <p>The monitoring visit reports must evidence recommendations, requirements, regulations and standards are fully complied with and improvement is being monitored.</p> <p>Age NI must send October, November & December monitoring visit reports to the inspector which must evidence improvement in this regard.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the monitoring reports had been improved and discussion with the monitoring officer revealed further improvements were being implemented regarding the recording of audits and outcomes of consultation. One issue regarding the monitoring of incident and accident reports did not identify action that should have been taken. This was discussed with the monitoring officer. There was a clear plan in place to prevent reoccurrence. Records inspected in this regard were available and up to date at the time of inspection.</p>	<p>Partially Met</p>
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 7.2 Stated: Second time</p>	<p>The registered manager should review and improve the policy and procedure pertaining to the access to records to include how service users can access information kept about them by the day care setting.</p> <p>It is acknowledged the policy is now in place however, there is no procedure for staff to follow if service users request access to their records. This addition to the policy should be confirmed as in place on the returned QIP.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The revised and updated policy and procedure was reviewed during this inspection which provided assurance this had been improved.</p>	
<p>Recommendation 2 Ref: Standard 7.4 Stated: Second time</p>	<p>The registered manager should make appropriate arrangements to improve service user individual records.</p> <p>Monitoring of improvements and compliance should be evidenced in the completion of regular and systematic audits. Audits should also evidence compliance with the day care settings documented policies and procedures, and detail any action taken. Examples of evidence are: Regulation 28 visits and reports; File audits.</p> <p>Action taken as confirmed during the inspection: The audit of one file was inspected. Since this audit; the proforma had been revised and updated by the new monitoring officer. Regulation 28 reports provided evidence the monitoring officer had accessed records and formed a view regarding conduct.</p>	Met
<p>Recommendation 3 Ref: Standard 7.6 Stated: Second time</p>	<p>The registered manager should improve the settings policies and procedures pertaining to recording and reporting care practices.</p> <p>This procedure must detail important issues such as gaining consent from service users to report information to other agencies and detail when consent may not be required.</p> <p>The procedure must detail if it is identified information may need to be passed onto other agencies such as the care manager or social worker; it must be clear if this should be done with or without service user and or representative's consent.</p> <p>Action taken as confirmed during the inspection: The updated policy and procedure was available and up to date for this inspection.</p>	Met
<p>Recommendation 4 Ref: Standard 18 & Appendix 2</p>	<p>The registered person should make arrangements for the following policies and procedure to be reviewed and amended</p>	Met

<p>Stated: First time</p>	<ul style="list-style-type: none"> • Contenance care and promotion. The policy should include detail regarding storage of people's continence products, promoting continence and independence. • Staff should have access to a policy and procedure which details the access to and use of Personal Protection Equipment (PPE) for staff in the day care setting. <p>Good practice guidance should also be referred to in these policies and procedures such as: SCIE – <u>Dignity in care</u> (2013); NICE <u>Guidelines on the Management of Urinary Incontinence in Women</u> (September 2013); NICE <u>Guidelines on the Management of Faecal Incontinence</u> (June 2007); DOH (2006) <u>Infection Control Guidance</u>.</p>	
<p>Recommendation 5 Ref: Standard 21.4</p>	<p>The registered manager must arrange continence promotion and care training for staff and report on the returned QIP the date of the training.</p>	
<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: The training record provided evidence this had been delivered in 2015 and discussion with the manager confirmed this.</p>	Met
<p>Recommendation 6 Ref: Standard 5.1</p>	<p>The registered manager should ensure the individual service user's continence products are accessible for service users who are independent; and accessible for staff. Products should be kept in a cupboard or closed area to ensure the product remains intact and away from potential contamination.</p>	
<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Arrangements were observed in the setting that was compliant with this recommendation.</p>	Met

Recommendation 7 Ref: Standard 8.2 Stated: First time	The registered manager should improve service user involvement in this day care setting in accordance with standard 8 criteria 2. Improvements that will be implemented should be described on the returned QIP.	Met
	Action taken as confirmed during the inspection: Service user meetings and annual quality survey with service users had been completed since the last inspection.	

4.3 Is care safe?

The review of the staff rota recorded for November and December 2016 evidenced the staff and volunteers working were recorded, however when the manager or staff were absent from the setting, the rota did not evidence who was either acting up in the manager's absence or was covering the absent staff. A recommendation is made to improve the record in this regard.

The staffing arrangements were discussed with the staff member on duty. They described roles and responsibilities were shared between the staff and they had worked together to ensure safe delivery of care. The staff said if the manager was absent either of the staff could assume responsibility for managing the setting in her absence. Discussion with the manager and staff confirmed they were aware of each individual's needs in the setting on the day of the inspection. Observation of care revealed the staff were responding to the group and individual needs safely and as a shared responsibility. They were observed communicating throughout the day to swap roles or tasks to ensure they were meeting service users' preferences and needs.

On average two staff had been on daily duty since the last inspection and the manager had been present; unless on leave or sick. There was also a volunteer that assisted in the setting as an additional support and was not being used as a staff member to provide direct care for the service users. The staff commented the service users' needs were more complex and this was staff intensive in terms of providing intimate and personal care. They identified days can be busy and having a volunteer to assist with activities was very helpful.

The manager had recently completed their QCF level 5 qualification, this is only required for new manager's registration with RQIA therefore the manager's commitment to gaining the qualification is commended. The staff and the manager had worked in the day care setting for many years; therefore they were familiar with the service users, their needs and how to meet their needs.

Two staff members' individual records were examined to ensure they had been recruited using robust recruitment procedures. Whilst discussions with the manager and monitoring officer provided assurance the organisation have robust recruitment procedures in place the records held by the manager did not provide the required evidence. A recommendation is made in this regard.

A competency assessment had been completed with the staff in the setting. The detail confirmed the staff were willing to act up in the manager's absence and were informed

regarding the roles and responsibilities, however the record did not evidence they were competent to undertake this role. The records main function is to provide evidence the staff are willing and competent to act up in the manager's absence. A recommendation is made for the current assessment to be reviewed and amended to evidence the staff are competent in this regard.

The incident and accident records were inspected. The records received by RQIA were cross referenced with a sample of the centres records. This identified one incident which had not been reported to RQIA. Discussion with the manager and monitoring officer revealed they were not familiar with the requirements or RQIA guidance in this regard. The incident was reported to RQIA post inspection however a requirement is made for all management and staff to be aware of their responsibilities in this regard.

The setting had put in place measures to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hygiene was promoted using notices and resources, there was no obvious hazards observed and staff moved the furniture around to suit the activity, service users' needs and to manage the environment.

The front door was locked which could be viewed as a restriction. However the service users and/or relatives were agreeable to this to protect the safety of the service users who may wander out without alerting staff. The locked door was viewed as the least restrictive measure the staff could put in place to meet the service user's need for a safe environment. The service users were observed walking freely around the setting and when they wanted to go outside for a walk the staff facilitated this.

The staff had reviewed the fire arrangements and recorded this in the record however; there was no record of a fire drill. The record had been written into the diary but not the fire record. This must be addressed as a matter of urgency and a recommendation is made in this regard.

Service users were observed communicating with staff. Discussion with the service users revealed they felt the setting was a clean and tidy place that was lovely. The visiting relative and driver both said the care provided was great and was suitable for the service users.

One service user responded in their questionnaire they were very satisfied with the safety in the day centre. They stated they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

Staff discussed safe care with the inspector and said they had received good training. They identified their priority was to always make sure service users were not at risk and are cared for.

Two staff responded in their questionnaire they were satisfied care was safe in the setting. They identified the care was safe because there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Five areas for improvement were identified regarding recording management cover on the rota, evidence the recruitment checklist has been completed for new staff before they commence employment, improve the competency assessment for staff acting in the managers absence,

improving management knowledge of their responsibility to report incidents to RQIA and recording of the fire drill in the day care setting.

Number of requirements	1	Number of recommendations	4
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4.4 Is care effective?

The inspection of three service users individual care records provided evidence that the day care setting had effective planning records in place to meet the assessed needs of the service users. Observation of care showed staff were familiar with service user care plans, they were delivering care in a gentle and encouraging way that protected the dignity and safety of each individual service user. For example staff anticipated and subtly helped service users with eating, personal care needs and engaging with the activities.

Observation of service users provided assurance they were taking part in activities that were appropriate, that they enjoyed and which encouraged service users to use their motor and cognitive skills. Staff assisted service user's involvement by providing encouragement and one to one care when necessary. The care plans inspected described the service user's needs for personal care and detailed how their needs should be met in the day care setting, including the service users preferences.

The care records inspected contained the documents as detailed in standard 7.4 and appendix 1 of the Day Care Settings Minimum Standards January 2012. However, examination of three individual files identified the following areas for improvement: letters advising the substantial increase in the lunch costs should be stored on each individual service user's file and service user agreements should be updated in this regard at each annual review with evidence that the service user has agreed to the change in costs; file1 should contain a copy of the speech and language therapist assessment and plan and the outcome of the plan should be integrated into the day care setting care plan; file 2 contains families preferences regarding type and consistency of foods to be served, the care plan should reflect this information, any professional assessments in this regard and the service users preferences; and the care plan in file 2 should contain preventative actions to be implemented by staff following an incident on the bus. Four recommendations are made in this regard.

The inspection of one service user's individual care record did identify a health and safety concern regarding the transport of oxygen for a service user and storage of the same in the day care setting. The manager produced a risk assessment and plan when the management of oxygen was queried however, a copy of this should have been kept in the individual service users file for staff reference. Advice was given in this regard.

Discussion with staff and observation of care provided assurance the staff knew each individual's needs and were effectively delivering the service users individual care plan. The staff explained they discuss service users' needs together to ensure they meet service users' needs and care for them effectively. One example was given of two service users who are known to be unsettled in another setting, staff discussed how they had ensured the service users mood and behaviour is calm and managed in an effective way in this setting. This was an example of staff having awareness of how to meet the service users' needs to improve outcomes. This was also an example of effective care and evidence of staff providing the right care at the right time with the best outcome.

Review of the arrangements in place to monitor and review the effectiveness and quality of care delivered to service users revealed the monthly monitoring visits, service user reviews, team meetings and staff supervision were the processes that had reviewed was care effective. These processes had not identified any concerns regarding effective care in this setting.

The staff discussed how they work together to ensure information recorded is up to date, they take part in mandatory training and training relevant to the service users' needs and had revised care plans as necessary. One member of staff identified service users' needs in the service had increased, they were more dependent and this had implications for staff being available to deliver activities. They said good planning and having volunteers had assisted them in this regard. Overall staff recognised their priority was to ensure service users were cared for and not at risk while in the day care setting.

Observation at lunch time revealed the service users had some difficulty in eating independently. Discussion regarding practical measures staff can put in place to encourage eating concluded they could introduce brightly coloured plates (current research recommends yellow, however blue and red have also shown to be effective in this regard). This feedback was discussed with the manager during the inspection and the organisation after the inspection; and new plates were being used a week after the inspection.

The two staff questionnaires returned to RQIA identified they were very satisfied the care in this setting was effective. The identified care plans informed the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

The service user questionnaire identified they were very satisfied the care was effective in this setting. They identified they get the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff who know their needs and choices; they get help when they need it; they can choose activities and are involved in their review.

Areas for improvement

Four areas of improvement were identified regarding: storing evidence in service users individual records that they were informed and agreed to the increase in lunch costs; the speech and language therapist assessment and plan for one identified service user should be stored for staff reference on the identified file; recording a service user and their families preferences regarding type and consistency of foods to be served should be clearly recorded in the identified service users care plan; and one service users individual care plan must include the preventative actions to be implemented by staff following the incident on the bus.

Number of requirements	0	Number of recommendations	4
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4.5 Is care compassionate?

This day centre meets the needs of service users who are older and may have a diagnosis of dementia. Observation revealed some service users required more intensive staff support than others; this was also highlighted by staff during discussions. Nevertheless staff were observed encouraging all service users to remain active, promoting their independent thought and mobility whilst encouraging their enjoyment of the activity on offer.

Staff were observed communicating warmly and respectfully with the service users to promote involvement. When service users chose to do something else, this was facilitated by staff. The staff presented as familiar with their role in the activity and they gently sought service user feedback to ensure they were getting the right level of support. These examples provided evidence that staff promote the values of dignity and respect, independence and choice and seek consent when supporting service users in this day care setting.

Discussion with staff and review of records confirmed the staff met with service users monthly. The minutes revealed they had discussed what they had done in the setting and service users' opinions regarding food and activities. The minutes did not review the outcome or actions from the last meeting, therefore it was not clear if actions had been put in place or not. A recommendation is made to improve the record to ensure suggestions, requests and decisions are acted upon and outcomes are recorded.

The service users and representatives/relatives had taken part in a survey in 2016 regarding their views about the care they had received. This did not generate any concerns or complaints. It was noted the findings did not include an action plan of how the information collected will be used to improve day care in the future. A recommendation is made in this regard, and this should further improve the service users' views influencing their care and support.

Observation of service users taking part in activities concluded their participation was good. Service users received support in a timely manner from staff and more often staff were observed anticipating service users' needs before service users realised they needed help. They approached service users gently and were careful to promote service users independence when possible. Observation concluded the small size of the service user group, the staffs caring approach and their knowledge of each service user promoted the service users participation.

Discussions with service users revealed they felt positive about coming to the day care setting and said the staff were 'great'.

One service user questionnaire reported they were very satisfied regarding the compassionate care in the setting. They identified they were treated with dignity and respect, the staff were kind and caring, their privacy is respected, they were given choices and involved in decisions about support they receive.

The two staff questionnaires identified they were satisfied service users are cared for compassionately. They stated the service users are treated with dignity and respect, encouraged to be independent; and their views were sought and acted upon at a level that they can be.

Areas for improvement

Two areas were identified for improvement, they were: improving the service user meeting agenda and minutes to reflect if the previous meetings suggestions, requests and decisions are acted upon and the outcomes are recorded; and the annual survey report should include an action plan of how the information collected will be used to improve day care in the future.

Number of requirements	0	Number of recommendations	2
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4.6 Is the service well led?

The inspection of arrangements in the day care setting provided evidence that effective leadership and management arrangements were being implemented since the last inspection and overall an improvement was noted.

The staff training records evidenced staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff confirmed they have regular staff meetings, access to policies and procedures and receive quarterly staff support such as supervision meetings. Advice was given regarding improving the format of the agenda and minutes to ensure actions recorded are followed up and outcomes are recorded.

The complaints record revealed there had been one complaint or issue of dissatisfaction recorded in this setting since March 2015. The complaint record described the investigation, outcome and that the complainant was satisfied with the outcome achieved. The processes used were consistent with the settings policy and procedure. No outstanding issues or concerns were identified.

The inspection of well led care sought evidence of governance arrangements that were in place which evidenced the delivery of care was safe, effective and compassionate. Audits should document that care is being reviewed or audited, and that the audits are focussed on promoting effective and safe care of the service users attending the setting. Other than the monitoring reports and individual service user reviews there was no evidence of other audits such as file audits, environmental audits or audits of infection prevention and control. To ensure practice is effective and safe audit arrangements should be improved and a record should be available for inspection of each audit undertaken. A recommendation is made to improve practice in this regard.

The annual report was not available for inspection and the manager had not completed one or seen one completed by anyone else in the organisation. A requirement is made for this annual report to be completed for 2016. This should be sent to RQIA with the returned QIP.

Two staff questionnaires identified they were satisfied the service was well led. They responded the service was managed well, monitored, and communication between the staff and management was effective.

One service users questionnaire stated they were very satisfied the service was well led. They identified the service was managed well; staff and the manager were approachable, and they were asked what they wanted to do in the setting.

Areas for improvement

Two areas were identified for improvement which were to improve audits of practices in the setting and completion of the annual report.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Graham, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2017</p>	<p>The registered provider must ensure all incidents and accidents as described in Regulation 29 are notified to RQIA using the RQIA statutory notification of incidents and deaths-provider guidance.</p>
	<p>Response by registered provider detailing the actions taken: All incidents and accidents will be reported to RQIA as required. Guidance documentation in centre.</p>
<p>Requirement 2</p> <p>Ref: Regulation 17(1) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider must complete the annual report for 2016 (provider guidance is available from RQIA). This should be sent to RQIA with the returned QIP.</p>
	<p>Response by registered provider detailing the actions taken: Annual report has been completed and returned with completed QIP</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the staff rota record so it provides evidence of who acted up in the manager's absence or who covered the absent staff.</p>
	<p>Response by registered provider detailing the actions taken: Staff rota has been improved to include cover and identify person in charge in managers absence.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the individual staff records kept in the setting which should evidence there are robust recruitment procedures in place that are compliant with standard 20.2.</p>
	<p>Response by registered provider detailing the actions taken: Recruitment checklist has been completed and is currently held centrally, these records will now be held in individual staff records in centre.</p>

<p>Recommendation 3</p> <p>Ref: Standard 17.1 & 17.2</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the arrangements that evidence staff are willing and competent to act up in the manager's absence. The records should evidence the staff are willing and competent to act up in the manager's absence and this should be reviewed to confirm this arrangement remains appropriate.</p> <p>Response by registered provider detailing the actions taken: Competence assessments have been reviewed and evidence that staff are competent and willing to act up in managers absence. this will be reviewed annually</p>
<p>Recommendation 4</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2017</p>	<p>The registered provider should improve the recording of fire drills to ensure they are written in the right record and the outcome of the drill is recorded.</p> <p>Response by registered provider detailing the actions taken: Fire drills are recorded in appropriate record which includes outcome.</p>
<p>Recommendation 5</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve arrangements for evidencing changes in costs have been communicated to each individual service user and evidence the service user has agreed to the change, for example the substantial increase in the lunch costs.</p> <p>Response by registered provider detailing the actions taken: Letter evidencing communication re increase in lunch costs has been included in service user records and service user agreements have been updated.</p>
<p>Recommendation 6</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2017</p>	<p>The registered provider should improve the identified file named file1. This record should contain a copy of the speech and language therapist assessment and plan. The outcome of the plan should be integrated into the day care setting care plan</p> <p>Response by registered provider detailing the actions taken: The identified file referenced above- this service user has now deceased.</p>
<p>Recommendation 7</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the identified file named file 2. The families preferences regarding type and consistency of foods to be served should be referenced in the care plan with the outcome of any professional assessments in this regard and the service users preferences</p> <p>Response by registered provider detailing the actions taken: The identified file has been reviewed and care plan updated accordingly.</p>

<p>Recommendation 8</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the identified file named file 2. This should be updated so the assessment and care plan contain preventative actions to be implemented by staff following an incident on the bus.</p> <p>Response by registered provider detailing the actions taken: Assessment and care plan in relation to File 2 has been reviewed and updated as above.</p>
<p>Recommendation 9</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the service user minutes and agenda so it reviews outcomes and/or actions from the last meeting. It should be clear in this record if actions had been put in place and if not what is the plan to progress them.</p> <p>Response by registered provider detailing the actions taken: Service users minutes have been improved to include details of any actions/outcomes.</p>
<p>Recommendation 10</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the format of the annual survey report so it includes an action plan which details how the information collected will be used to improve day care in the future.</p> <p>Response by registered provider detailing the actions taken: Annual survey now includes action plan</p>
<p>Recommendation 11</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should improve the audits undertaken in this setting and evidence of the same. Audits should document that care is promoting effective and safe care of the service users attending the setting. Examples of audits that should be developed are file audits, environmental audits or audits of infection prevention and control. A record should be available for inspection of each audit undertaken.</p> <p>Response by registered provider detailing the actions taken: A new file audit format has now been put in place and can be evidenced in service user records. an annual audit will be completed during March visit.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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